

Case Number:	CM13-0027757		
Date Assigned:	11/22/2013	Date of Injury:	10/22/2002
Decision Date:	08/11/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old male who reported an injury on 10/22/2002. The mechanism of injury was not provided for clinical review. The diagnoses included herniated lumbar discs, disc lesion of the lumbosacral spine, lumbar spine myelopathy, and lumbar spine stenosis. Previous treatments include medication, physical therapy, and hot and cold packs. Within the clinical note dated 04/11/2013, it was reported the injured worker complained of pain in the bilateral shoulders, radiating to the neck and shoulder. He rated his pain 7/10 in severity. He complained of occasional neck pain, which he rated 7/10 in severity. The injured worker complained of occasional pain in the low back, which he rated 7/10 in severity. Upon the physical examination of the upper extremities, the provider noted the range of motion was flexion at 170 degrees and extension at 50 degrees. Upon examination of the cervical spine, the provider noted flexion at 50 degrees and extension at 60 degrees. The range of motion of the thoracic spine was flexion at 60 degrees. The provider noted upon examination of the lumbar spine the injured worker had sensory deficit with distorted superficial tactile sensibility, and diminished light touch with 2 point discrimination to the L3 dermatome, L4 dermatome, L5 dermatome, and S1 dermatome. The clinical note dated 05/09/2013 was unchanged. The provider requested epidural injections to the lumbar spine and IV therapy and fusion therapy to alleviate his pain. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE LUMBAR STEROID INJECTIONS 4/11/13 AND 8/8/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

Decision rationale: MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The Guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, nonsteroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be an interval of at least 2 weeks. The current research does not support a series of 3 injections in either the diagnostic or the therapeutic phase. There is a lack of imaging studies to corroborate the diagnosis of radiculopathy. There is a lack of documentation indicating the injured worker has been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. The request submitted failed to provide the number of injections to be given, as well as the levels as to where the injections should be given. As such, the request is not medically necessary.

RETROSPECTIVE IV INFUSION THERAPY FOR DATE OF SERVICE 5/9/13 AND 7/11/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS, treatment.

Decision rationale: The Official Disability Guidelines note epidural infusions for sympathetic blocks are not recommended due to the lack of evidence for the use and high risk of complications including infections. There is 1 randomized controlled trial that reported improvement. There is lack of objective findings indicating the provider's rationale for the IV infusion. The guidelines do not recommend the use of infusions for sympathetic blocks. Therefore, the request is not medically necessary.